

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004486

Entity Name: GRACEVILLA TRINIDAD INC.**Current Principal Place of Business:**321 E HARVARD ST
ORLANDO, FL 32804**Current Mailing Address:**321 E HARVARD ST
ORLANDO, FL 32804 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALI, HAFEEZ R
321 E HARVARD ST
ORLANDO, FL 32804 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	ALI, HAFEEZ R
Address	321 E HARVARD ST
City-State-Zip:	ORLANDO FL 32804

Title	ASST
Name	HARVEY, THOMAS
Address	3390 BRUSHY CREEK RD
City-State-Zip:	GREER SC 29651

Title	MEMB
Name	ALEXANDER, JOHN
Address	271 CONWAY GARDENS RD
City-State-Zip:	ORLANDO FL 32806

Title	MEMB
Name	MOHAMMED, DARIN DR.
Address	TRINIDAD
City-State-Zip:	PORT SPAIN 34730

Title	MEMB
Name	CHRISTIE, DONALD
Address	6924 ALOMA AVE
City-State-Zip:	WINTER PARK FL 32792

Title	SEC
Name	FLEMING, KAREN
Address	32237 COTTAGE GLEN LN
City-State-Zip:	WESLEY CHAPEL FL 33545

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALI , HAFEEZ R**ADMINISTRATION****01/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date